

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G44549** (5)  
1. Corporation Name  
**PALMETTO LAND CORPORATION**



Principal Place of Business  
**C O DOMINGO PANDO**  
**17240 N.W. 74 PATH**  
**MIAMI FL 33015**  
**US**

Mailing Address  
**C DOMINGO PANDO**  
**P.O. BOX 173067**  
**HALEAH FL 33017-3067**  
**US**

3. Date Incorporated or Qualified  
**06/21/1983**

3a. Date of Last Report  
**05/22/1996**

4. FEI Number  
**59-2391497**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 **15165 N.W. 77th Ave.**  
Suite, Apt. #, etc.  
22 **Suite 1002**  
City & State  
23 **Miami, Fl.**  
Zip  
24 **33014** Country  
25 **USA**

2a. Mailing Address  
26 **15165 N.W. 77th Ave.**  
Suite, Apt. #, etc.  
27 **Suite 1002**  
City & State  
28 **Miami, Fl.**  
Zip  
29 **33014** Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**MIAMI CORPORATE SYSTEMS**  
**5200 BLUE LAGOON DRIVE, SUITE 700**  
**MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

**PDS**  
**PANDO, DOMINGO**  
**17240 N.W. 74 PATH**  
**MIAMI FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

**TD**  
**PANDO, EMILIO**  
**17240 N.W. 74 PATH**  
**MIAMI FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

**PDS**  
**PANDO, DOMINGO**  
**15165 N.W. 77th Ave. Suite 1002**  
**Miami, Fl. 33014**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TD**  
**PANDO, EMILIO**  
**15165 N.W. 77th Ave. Suite 1002**  
**Miami, Fl. 33014**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

**041097** (305)

CR2E034 (9/96)